

Ms 4 Samson

A Thesis

on

Papered March 27th
1826

Puerperal Fever

By

Hugh Wilson

Of Virginia

1825

1
Baptist Church
No 6

Church Street

1897
Baptist Church

of Boston

1232

Puerperal Fever

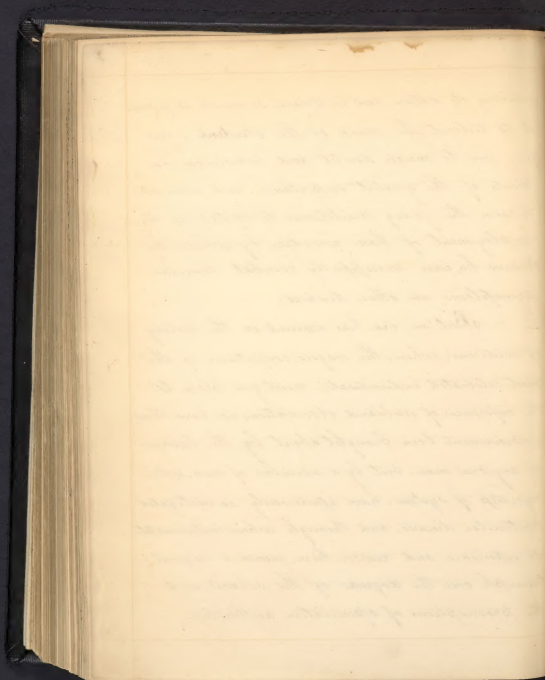
In selecting Puerperal Fever as the subject of my thesis, it was not with the expectation of advancing any thing new on a subject, which has already drawn forth the most able pens; but with the view of investigating the subject, and thereby arriving at some definite conclusion respecting its nature and treatment. It is a subject which has elicited much of the talents and observation of medical men of the greatest celebrity within the last fifty years, and notwithstanding the rapid advances to improvement, and the liberal spirit of inquiry and observation which has pervaded every department of our profession, there still exists great discrepancy of opinion.

1791
Lyon

The enclosed paper contains the
list of names of the persons who
were present at the meeting of the
Committee of the Friends of the
African Society, held at the
House of the Friends of the
African Society, on the 1st of
January, 1791. The names of the
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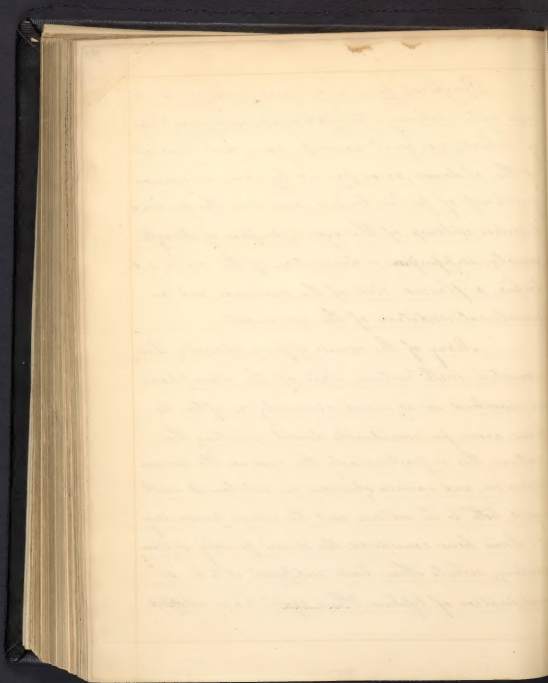
respecting its nature and treatment, so much so indeed, as to distract the mind of the student, and give rise to much doubt and indecision on points of the greatest importance: and moreover, to cause the young practitioner to hesitate in the employment of those remedies, by which he knows he can successfully combat similar symptoms in other diseases.

But an era has arrived in the history of medicine, when, the vague conjectures of the most celebrated individuals, must give place to the inferences of unbiased observation; nor have these improvements been brought about by the labours of any one man, but by a number of men, who, regardless of system, have assiduously investigated particular diseases, and through whose instrumental-ity, experience and reason have gained a signal triumph over the dogmas of the schools, and the prescriptions of speculative authorities.



Puerperal fever is a disease peculiar to women after delivery, the pathognomonic symptoms of which, are, great soreness, pain, and tension of the abdomen, accompanied by fever, uncommon quickness of pulse, tensive pain over the forehead, peculiar evanescence of the eyes, depression of strength, anxiety, suppression or diminution of the milk and lochia, a flaccid state of the mammae, and an unnatural condition of the excrements.

Many of the causes of fever, especially those connected with certain states of the atmosphere, are involved in as much obscurity as often to leave room for considerable doubt respecting their nature; this is particularly the case in the disease before us, and various opinions are entertained with regard, both to its nature and the causes producing it. Some have considered the disease purely inflammatory, while others have supposed it to be a modification of typhus. Others again have adopted

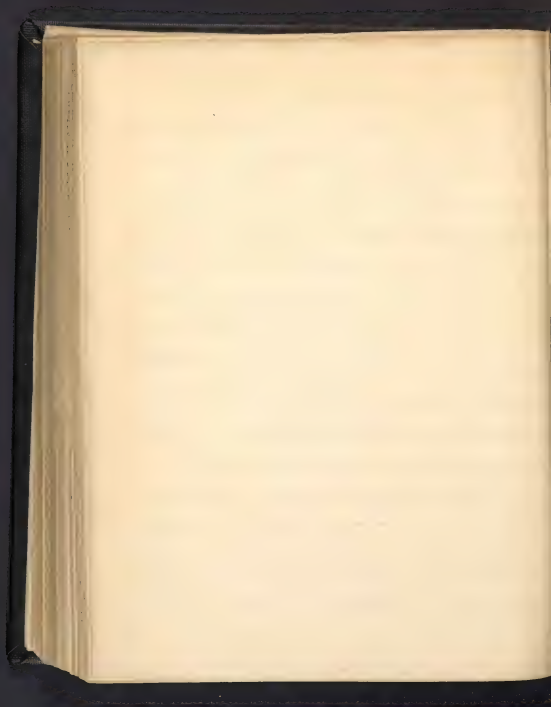


a middle course and believed it to be inflammatory in its commencement, but having in its progress a rapid tendency to the typhoid type.

Dr. Armstrong says, that the disease is of an active inflammatory nature, and pathologically considered, the puerperal peritonitis and the low child bed fever are modifications of the same disease, yet, he has avoided fully identifying them; he further observes, that if there be any difference between them with regard to their inflammatory disposition, that difference merely consists in degree, the vestiges of inflammation being more strikingly evident in the low child bed fever, than in the puerperal peritonitis. Dr. Clark and a number of other writers, have generally considered the epidemic form of the disease to be of a typhoid kind, and on that account more fatal; he has also especially distinguished the low fever of child bed, connected with affections of the abdomen, which is sometimes epidemic from the

inflammatory diseases of the uterus, ovaria, and peritonaeum. Dr. Thomas is of the opinion, that it generally has a strong tendency to the typhoid type, he also thinks the disease contagious, and that the fever which accompanies it, is the primary affection, while the appearances of the abdomen are symptomatic. Dr. Hulm says, that it is a disease of a nature peculiar to itself, that it is for the most part as simple and regular in its appearance as any disease incident to the human body. Puerperal fever, and the more common forms of uterine and peritoneal inflammation, are so closely connected, and their diagnostic landmarks so indistinctly marked, that the one seems to pass insensibly into the other, so that the real cause of the disease is somewhat obscure and undetermined.

Some have assigned an undue secretion of mucus to the cause of this disease. Others have supposed it to arise from a redundant, or retained state of the bile, the secretion of which appears to be much interrupted during the time of gestation. Others



again have supposed it to depend on a storage of the
 action; but this appears to be only the effect and
 not the cause of the disease.

With regard to the infectious nature of the
 disease, a great contrariety of sentiment has indeed
 existed; and strong evidence has been advanced in
 favour of its being so.

The late Dr. Young, Professor of midwifery
 at Edinburgh, was of opinion, that the puerperal fever
 strictly so called, is, in every instance, the consequence
 of contagion; but he contends, that the contagious mat-
 ter of the disease is capable only of producing its ef-
 fects in consequence of a peculiar predisposition given
 by delivery and its consequences. In support of this
 doctrine he remarks, that for many years the disease
 was altogether unknown in the women ward of the
 Royal Infirmary at Edinburgh; but that after it
 was once introduced into the hospital, almost every
 woman was, in a short time after delivery, attacked

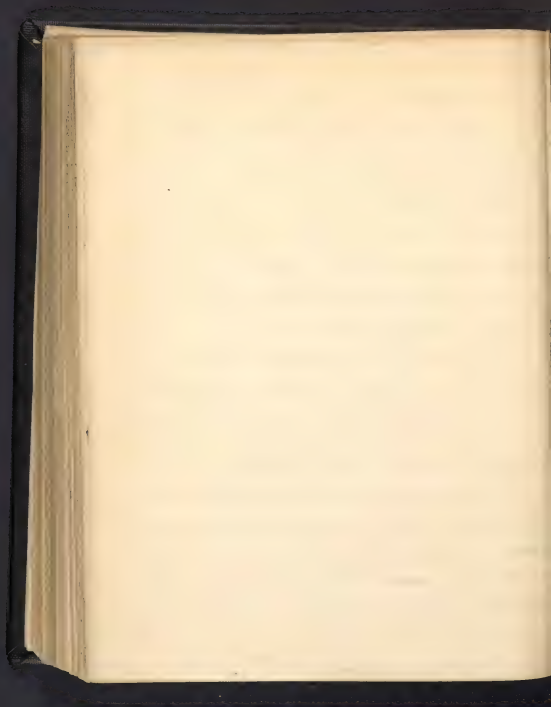
Thomas Dooley



with it: although prior to delivery she may have lain even for weeks together, not only in the same ward with the infected, but even in the very next bed. His further remarks that it was only eradicated from the hospital in consequence of the wards being entirely emptied, thoroughly ventilated, and newly painted. After these passages, perineal fissure in the hospital remained as free from the disease as formerly.

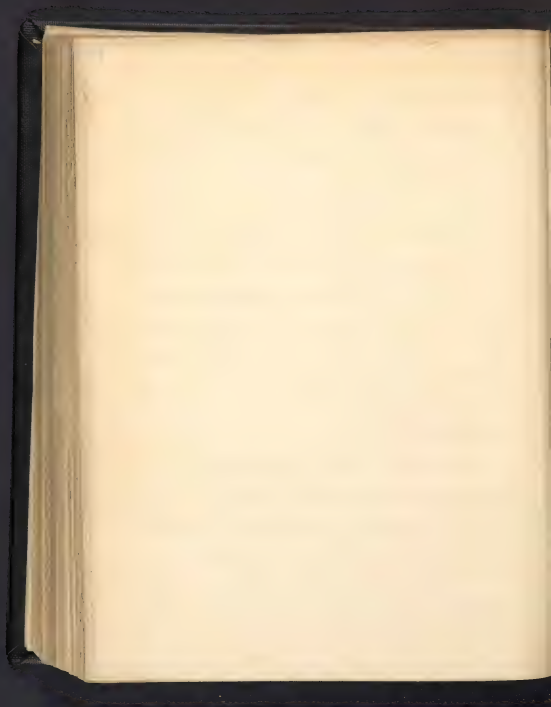
Dr. Joseph Black, has stated similar circumstances in favour of its contagious nature.

Dr. Gordon of Aberdeen said, that the disease was infectious; that it seemed to arise from the contagion that was carried by the accouchement or nurse, from one lying-in woman to another. On the contrary so many experienced practitioners, have spoken so confidently of the non-contagious character of the disease under its ordinary or sporadic form, that the subject appears to be embarrassed with



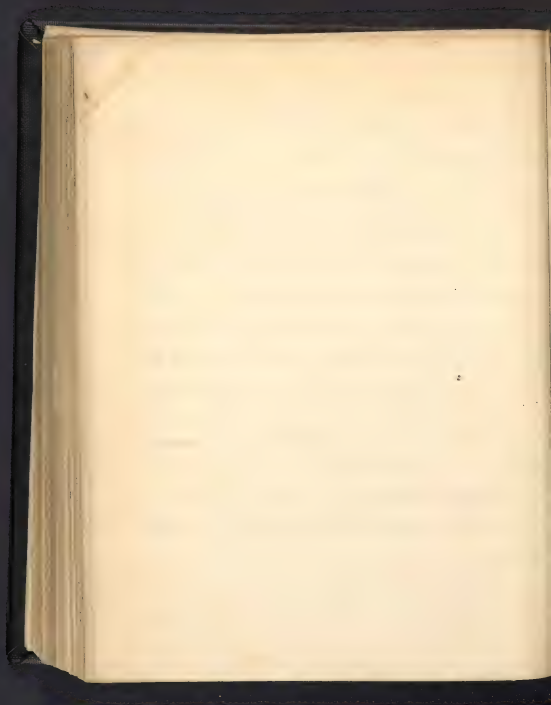
insupportable difficulties. It is, however, agreed on by
 all to be sometimes epidemic, and on that account
 more dangerous. After an attentive perusal of the
 few authors on the subject, which have come under
 my notice; it appears to me, that at its
 commencement, it is usually attended with
 inflammatory symptoms, and even with local
 inflammation in the abdominal viscera, but more
 particularly the peritonaeum or membrane in-
 vasing them; conjoined with the operation of
 some debilitating poison; probably in some cases
 more or less contagious.

Periodical fever usually makes its appear-
 ance on the second or third day after delivery;
 but it has been known to take place a week
 afterwards. It is generally ushered in by slight
 shiverings or rigors, succeeded by great debility,
 nausea, retching, or vomiting, with pain in the
 head, flushings of the face, great anxiety and



antepart. When the shiverings have ceased, the skin becomes hot and dry. The pulse is very frequent, full and tense, beating from one hundred and twenty, to one hundred and forty strokes in a minute. The thirst becomes very urgent, and the tongue is dry and cracked, but in some few instances moist and clean about the edges, particularly where vomiting has taken place. At this time or very soon after, pain is felt in the abdomen, sometimes very acute and shooting into the back and loins, but in other cases more obtuse and confined to one particular part. As the disease advances, the whole abdomen becomes affected, is extremely tender, painful to the touch, tumid and tense. The fulness of the belly generally increases rapidly, and sometimes attains almost the size it was before delivery.

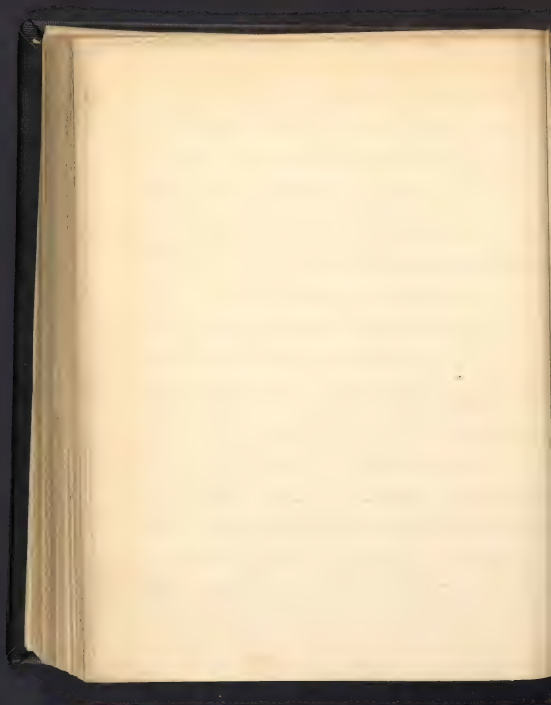
The umbilicus is more or less affected in every instance, and as the abdomen becomes distended,



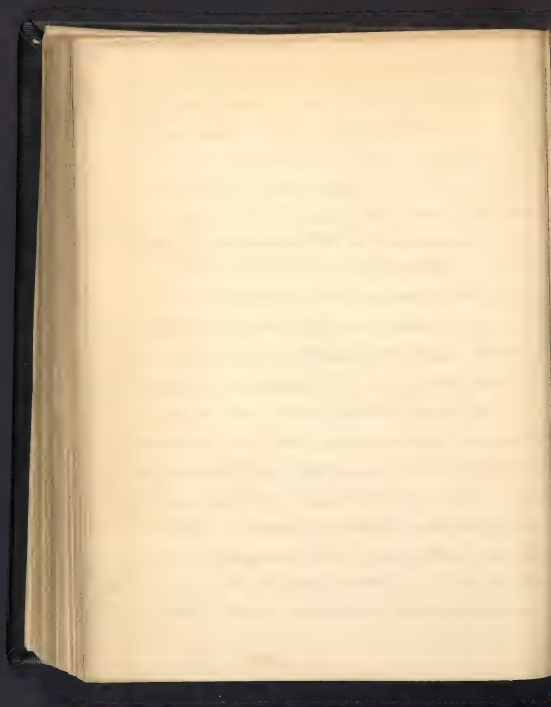
The breathing is more laboured, the countenance assumes the appearance of great anxiety and distress. The face is sometimes flushed, but generally the countenance is pale, with a peculiar wildness in the eyes, and a kind of livid white is to be observed under them. There is great depression of mind, apparent lassitude, and prostration of strength.

As the eruption which was commenced, it suddenly stops on the approach of fever, but if the fever attacks previously, the eruption does not appear in any case. The limbs become flaccid, the mother has no inclination to suckle her child, and seldom nurses after it.

When the disease is fully formed, the redness either disappears, or is diminished in quantity, and what remains is of a dark colour and very offensive. The urine is scanty and high coloured, voided frequently and with pain; the bowels, at first are usually constipated, but

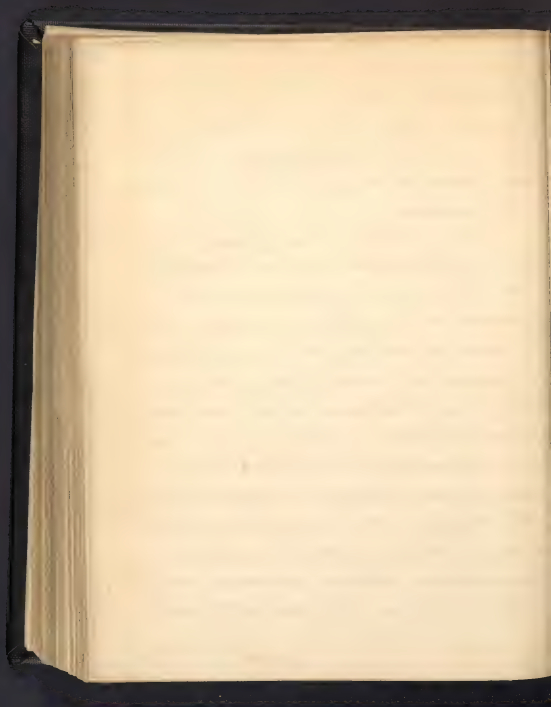


in the progress of the disease a severe purging
 often occurs, particularly in those cases where
 the abdomen is much distended, and the
 discharges are very copious, dark, putrid, and
 offensive. A vomiting occasionally occurs at the
 very commencement of the disease, and is of a
 bilious appearance; but after the disease is
 somewhat advanced, this symptom becomes
 very urgent, and to so high a degree as to pre-
 vent the smallest quantity of medicine; or
 nourishment from being retained on the stom-
 ach; the matter thrown up is of a dark
 greenish appearance, not often of a disagreeable
 smell. After these symptoms have continued for
 one or two days, the disease often assumes a
 malignant and typhoid appearance; (this is
 the case particularly if the atmosphere predis-
 poses to diseases of that nature) which is
 marked by great prostration of the vital and



muscular power. The lips, teeth, and gums, are covered with a dark brown fur. The tongue is brown or black, and parched, aphthae beset the whole internal surface of the mouth, and the breath is very offensive.

There is generally more or less affection of the mind, delirium often occurs and is occasionally of the low and muttering kind, from which the patient sometimes falls into a comatose state. The cheeks are alternately flushed and deadly pale. The eyes lose their lustre, the pain gradually and entirely leaves the abdomen, which becomes greatly distended. The stools are fetid, of a dark brown colour, and pass off involuntarily; and in some instances, venous spots appear on different parts of the body. Such is the course of puerperal fever in general, but under different circumstances the disease assumes different appearances, according to the constitution of the patient, the nature

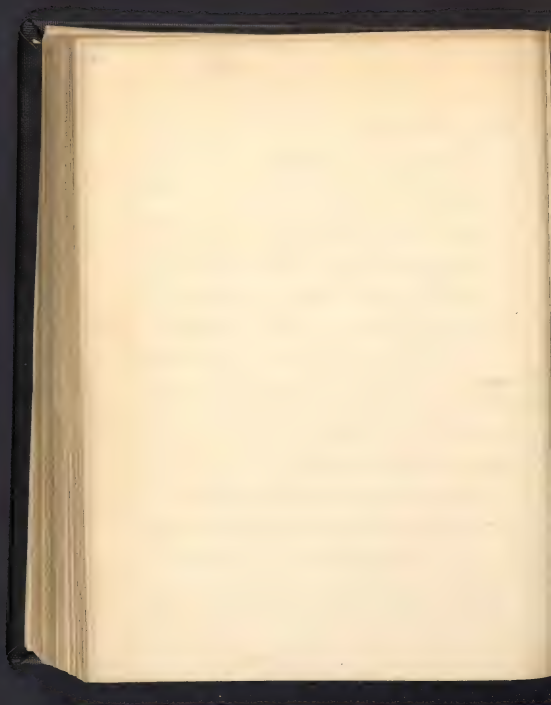


and violence of the disease, and as it occurs sooner or later after delivery.

Puerperal fever is readily to be distinguished from after pains, by the entire intervals of ease, the absence of fever and abdominal tension in the latter, whereas in the former there is fever with uncommon frequency of pulses, swelling and soreness of the abdomen, which is aggravated by pressure, and the pain is without intermission.

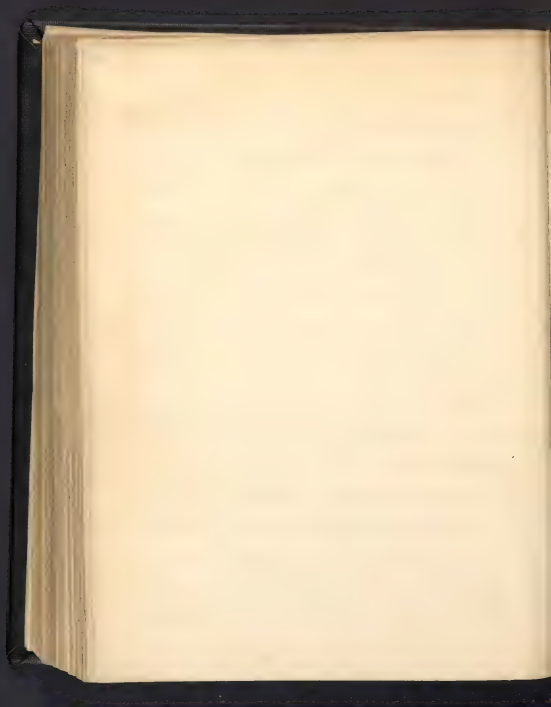
The milk fever is known by a kind of throbbing pain and swelling of the breasts, and the pain being confined to the mammae; but in puerperal fever the pain commences in the abdomen, the breasts become more flaccid than natural, and there is more lassitude, debasement of strength, nausea, and frequency of pulse in the commencement of the puerperal than of the milk fever.

Simple peritonical inflammation is the

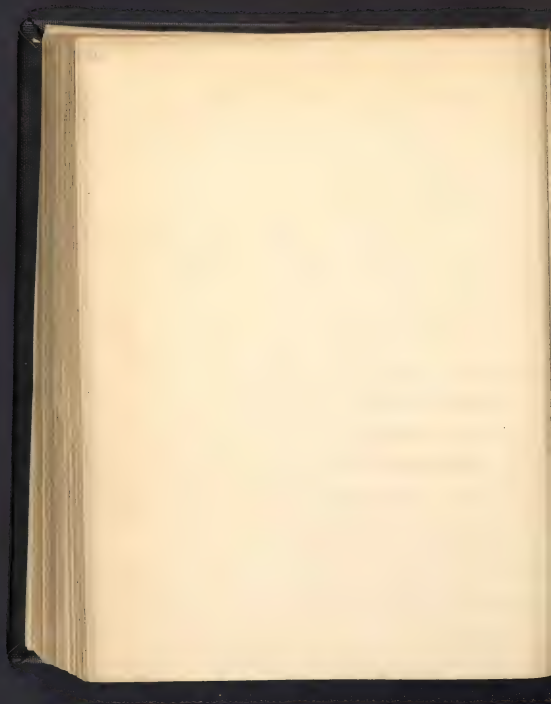


disease which bears the strongest resemblance to puerperal fever; but it never arises from contagion, or prevails epidemically. In puerperal fever, the abdominal pain is not the most prominent symptom: there is more debility, and headache, less heat of the skin, less thirst, and less flushing of the face. In gonorrheal inflammation, the abdomen is very tender to the touch, the pain and swelling increases rapidly from its commencement; and the fever is inflammatory throughout.

Puerperal fever is more rapid in its progress, often destroying the patient in forty-eight hours, or less, after its commencement. It seems agreed on by all accurate observers, that the danger is greater in proportion as the accession is sooner after delivery; when the disease comes on at a late period after labour, the prostration of strength is not so great, the pain and tumefaction



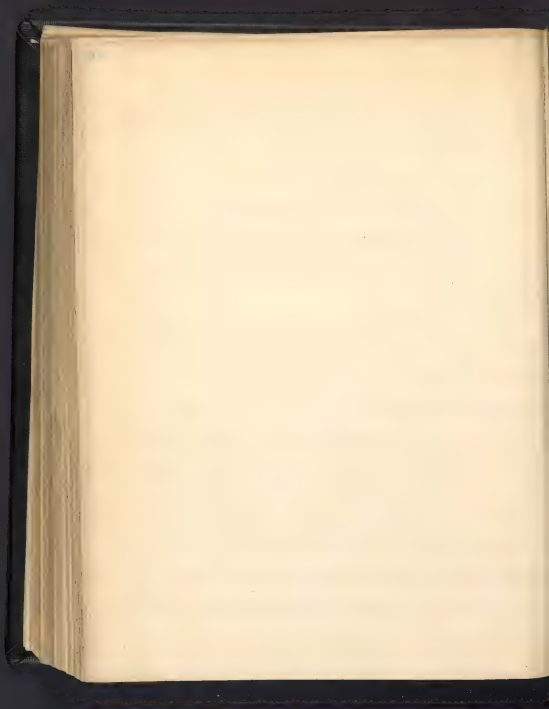
of the abdomen are left considerable, and the other symptoms are not so violent. When, fresh discharges of lochia appear, and a gradual relaxation of the uterus and abdominal tension, with copious discharges by stool, the pulse at the same time becoming slower and more regular, with a warm moisture diffused over the whole body, the respiration growing easy, deep, and slow, the tongue becoming clean and moist, and the secretion of milk taking place, are to be regarded as favourable symptoms. On the contrary, Dr. Astruc observes, that an agitated countenance, with a hurried unconnected manner of speaking, constant sighing, attended with a tossing of the arms, pain and constriction of the chest, visual disturbance, imaginary strange sounds and voices, muttering and stupor, are unfavourable symptoms. When the respiration becomes more short and oppressive, with increase of abdominal distension, sudden relaxation of pain,



great frequency and irregularity of pulse, a cold clammy mucus diffused over the whole body. They demand certain and speedy dissection.

It is supposed that one half of the women who die in child-bed, die of this disease; and according to computation, three fourths of those who have been attacked with it have fallen victims to it.

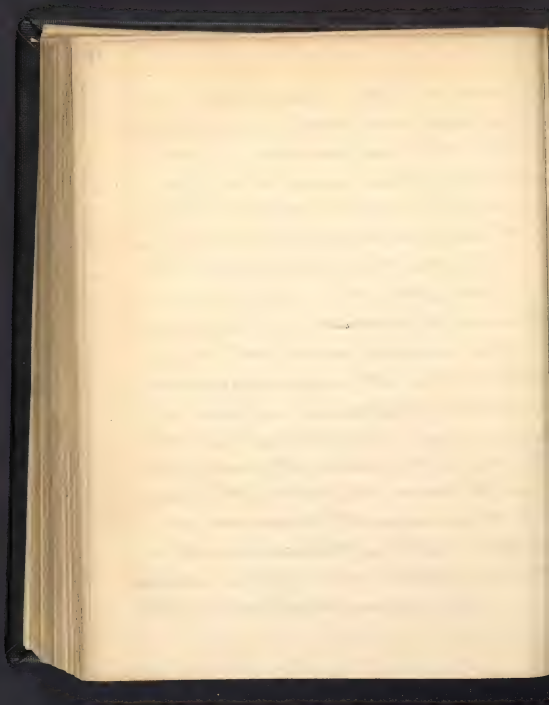
The morbid appearances observed on dissection are usually confined to the abdomen; the first thing which presents itself, is a considerable quantity of wholy like fluid, similar to that met with in simple peritonitis and sometimes amounting to several pints. Brown says, "that the swelling is neither proportioned to the inflammation nor effusion, nor in every instance dependent on them, but on the inflation of the bowels which results from the relaxation of their muscular fibres, which is so common in the febrile state."

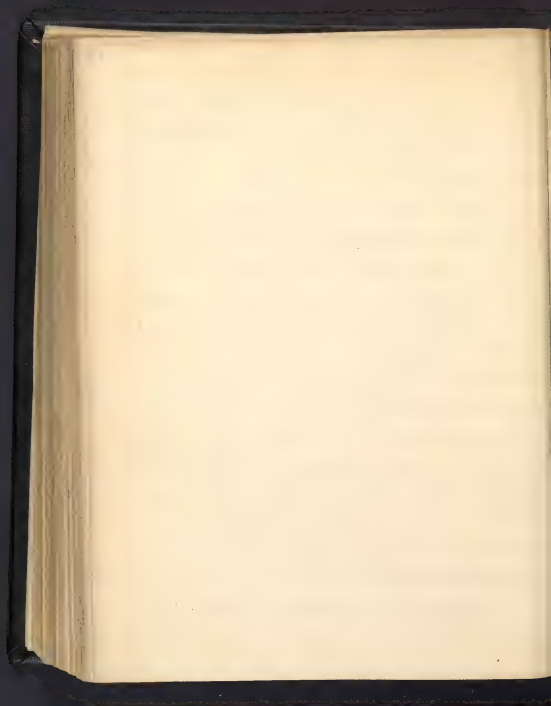


particularly in purulent diseases. The fluid effused has a peculiar smell, different from any other fluid found in the human body, either in health or disease. In a few cases, a deposition of a saraceous and serous nature has been discovered likewise in the heart, breast, and external ocular membrane.

Sometimes the cavity of the abdomen has even been found filled with a matter of a purulent appearance. The peritonaeum is generally found inflamed and covered, as well as the surface of the intestines, with a layer of coagulated lymph; the inflammation does not appear to be confined always to one particular part; the Peritonaeum, the omentum, the mesentery, the liver, the stomach, the intestines, the colon, and its appendages, the bladder, and even the pleura and lungs themselves, have all in their turn, suffered more or less from inflammation.

There is no subject, perhaps, upon which



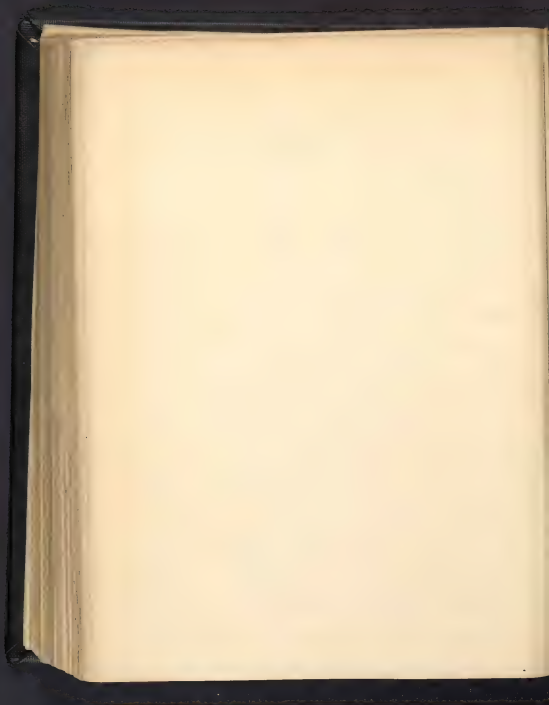


of this disease, to distinguish between apparent and real debility; in the former case, what appears to be a state of debility can only be removed by debilitation sufficient to take off the coat, by which the strength is suppressed; but, in the latter case, the period for debilitation, at least by the intellect, is past, and the debilitated powers of the system must be supported by invigorating measures. Dr. Semmings says, that the abdominal inflammation is greatest in those cases, which are attended from the beginning by most oppression of strength, and of the vital powers; he further remarks, that it will be found a most fatal delusion to be deterred from early bleedings and purgatives, by the semblance of debility, which only serves as a covering to obscure the distressing progress of the abdominal inflammation.

The nature of bleedings is intermittent, in cases, where the inflammation of any impor-

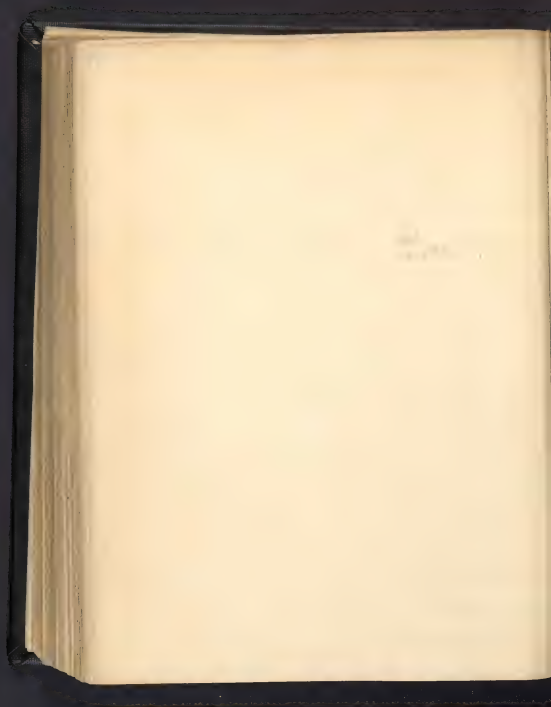


but upon our selection began, &c. when the general excitement is so great, as to threaten such an occurrence, and the necessity of proportioning bloodletting in every instance, to the actual effect which it is observed to produce upon patient and the disease, and, not by any arbitrary measure of ounces, if we wish to obtain the best effect of the remedy, must be very obvious to every one. Immediately after bleeding, active surgery was soon resorted to as the most efficient auxiliary in the case of purpuric fever, to effect this indication; Dr. Simsbury, Mr. Grayson, and a number of other practitioners, were in the habit of administering large doses of calomel, to the amount of twenty or thirty grains, succeeded by sweetbale or magnesium, either in, or in decoction of sound, so as to induce copious purging, which was continued, for two or three days, or until the force of the disease was broken.



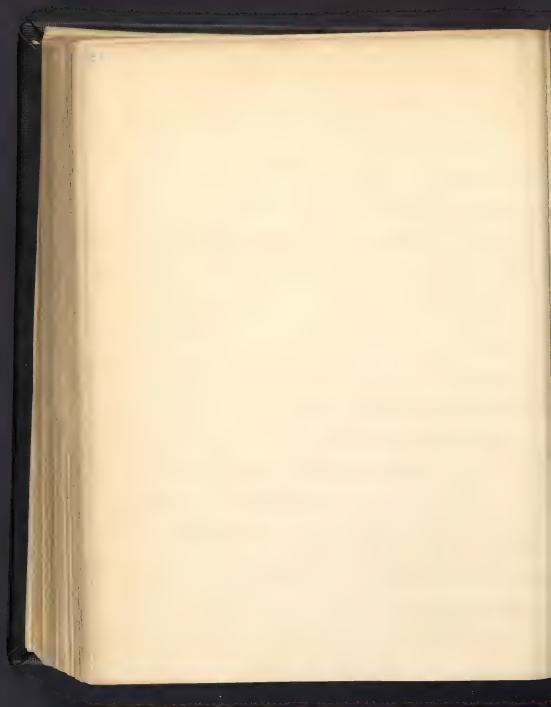
Dr. Gordon says, that not only purgatives are useful in the disease, but likewise bloodletting, and if he saw the patient in twelve or twenty-four hours after the attack, he took away from sixteen to twenty-two ounces of blood. He then immediately gave a cathartic consisting of calomel and jalap, after the operation of which, he administered an opiate at night, which he continued together with the purgative for several days.

Notwithstanding some practitioners have treated the disease by bleeding and purging conjointly, others have relied exclusively on purging, among them are Dr. Clark, and Mr. Wolf. The latter says, he relies principally upon the daily exhibition of purgative medicines, and under this mode of treatment his practice has been generally successful. Perhaps the practice might answer in some parts of America, but in the United States, where almost every disease appears to be more



patient and robust in its progress, it cannot
not be likely to succeed.

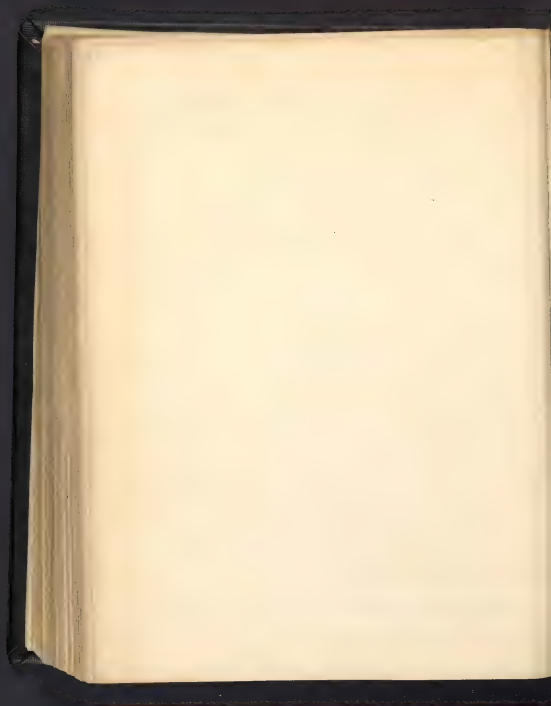
Dr. Ferriar and some other writers, have
borne testimony to the good effects of emetics
in pericardial fever. They seem to produce their
good effect, by relaxing the stomach of its nau-
seating contents, and, likewise, by reducing
the morbid force of the arterial system. Yet
some practitioners are opposed to their exhibition,
and others denounce them altogether, saying, that
the operation of vomiting never fails to aggra-
vate the pain, and exhaust the system. Besides
increasing the irritability of the stomach, to
which there is naturally too great a tendency,
Ipecacuanha has been recommended in small
doses frequently repeated, so as to determine
to the surface, perhaps its efficacy may be
increased by combining it with opium, as in
the *pellicula ipecacuanha camphorata*.



After considering the different modes of treating puerperal fever, and the comparative success of each, I am inclined to think the most rational mode of treating the disease is, in abstracting blood from a large vessel until a decided effect is produced, at the first onset of the disease; and, then, freely to evacuate the alimentary canal, which should be continued by gentle purging, throughout the course of the disease.

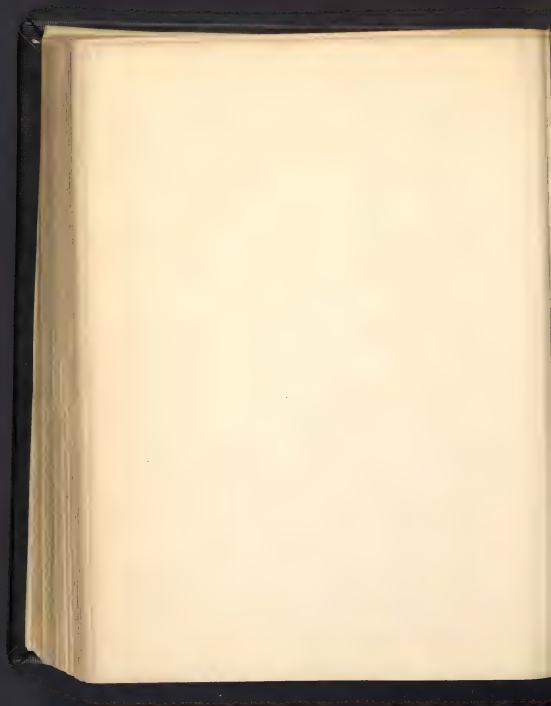
After sufficient evacuation by bleeding and purging, anodynes may be used with advantage. The dose of opium should be proportioned to the severity of the pain, and repeated at short intervals, so as to keep up a constant effect; administered in this manner, it always the irritability of the system, as well as the stomach and intestines, it also relieves pain, restores sleep, and excites moderate perspiration.

The warm bath has been recommended;



and seems to have a good effect when it can be used without injury to the patient, and is of especial service in the forming or cold stage of the disease, for, as that time the animal heat is almost always below the natural standard. If the warm bath cannot be procured, brandy & hot drinks should be given, and warm bottles of water applied to the feet and stomach, which are good substitutes for restoring the circulation of the surface, and relieving the internal organs of the load of blood by which they are congested.

Warm and anodyne fomentations to the abdomen are usually prescribed, to attenuate the swelling and distension of the abdomen. For this purpose, a large piece of folded flannel wrung out of hot water, has been used; or an decoction of equal parts of camomile

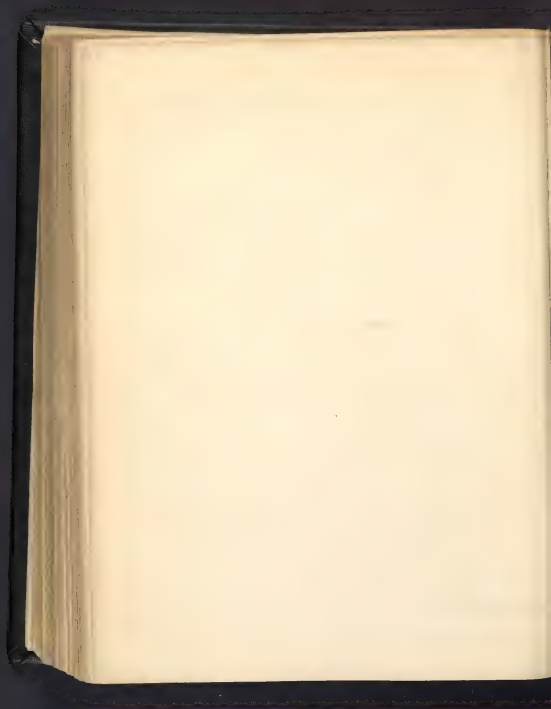


Flowers and bruised poppy-heads, applied over the whole abdomen, which should be removed as often as they become cold.

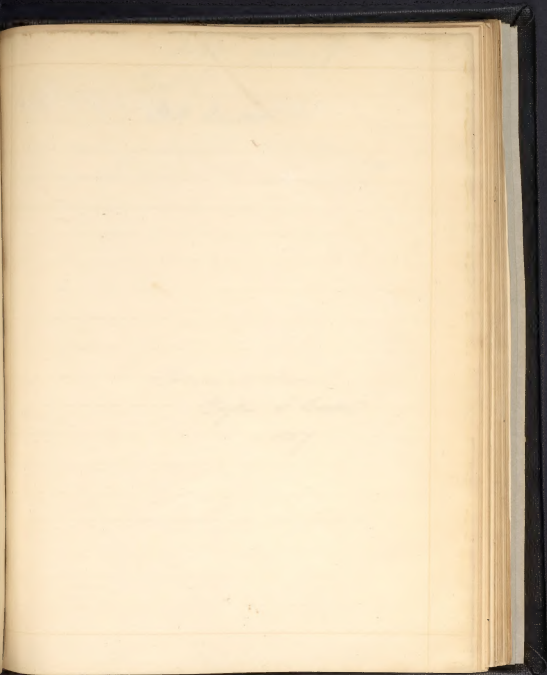
In the commencement of peritonitis, after evacuation by bleeding, blisters have often a good effect; but in the advanced stage, the irritation which they produce, have been found injurious.

The oil of Turpentine, last recommended by Dr. Bransan of Dublin has been highly spoken of by Dr. Joseph Clark, and a few other practitioners in the advanced stage of the disease: but, so far as I know, the remedy has not been much used, and further experience with it, is necessary to establish the high character ascribed to it.

After the fever has continued for one or two days, it often assumes a malignant and septic tendency. Under these circumstances



the peruvian bark, together with the mineral acids, particularly the muriatic, have been recommended; exhibited in as large doses as the stomach will bear. But it appears from the evidence on the subject, that, the cinchona, when given when the remissions have been tolerably distinct, has not answered the intention as a febrifuge; nor has it been found to answer as a supporter of the general strength, on account of the inevitable state of the stomach and intestines, which it has a tendency to increase.



De l'James.